

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 1.5em;">12</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <div style="text-align: center; font-size: 1.2em;">Annette</div>	MI <div style="text-align: center; font-size: 1.2em;">L</div>
	NICKNAME	LAST <div style="text-align: center; font-size: 1.2em;">Sponseller</div>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE <div style="text-align: center; font-size: 1.2em;">402 Hernandez Loop Leander TX 78641</div>		
	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p>Date Received <div style="text-align: center; font-size: 1.5em;">D Penberg 4/7/2022</div></p> </div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	534-9522	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <div style="text-align: center; font-size: 1.2em;">Annette</div>	MI <div style="text-align: center; font-size: 1.2em;">L</div>
	NICKNAME	LAST <div style="text-align: center; font-size: 1.2em;">Sponseller</div>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY STATE ZIP CODE <div style="text-align: center; font-size: 1.2em;">402 Hernandez Loop Leander TX 78641</div>		
	<div style="border: 1px solid black; padding: 5px;"> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p> </div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	534-9522	
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) </div> <div> <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) </div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year <div style="text-align: center; font-size: 1.2em;">11 / 15 / 2022</div> </div> <div>THROUGH</div> <div> Month Day Year <div style="text-align: center; font-size: 1.2em;">4 / 6 / 2022</div> </div> </div>		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year <div style="text-align: center; font-size: 1.2em;">05 07 1979</div>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.2em;">Leander City Council, Place 5</div>
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

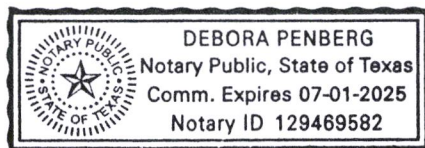
15 C/OH NAME <u>Annette Sponseller</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1545.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1534.95</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1230.74</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Annette Sponseller
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Annette Sponseller this the 7th day of April, 2022, to certify which, witness my hand and seal of office.
Debora Penberg Debora Penberg SR. Deputy City Secretary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country).
 Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Annette Sponseller

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1425.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 120.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1195.95
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 602.11
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Annette Sponseller</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1.31.2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Michelle Chan-Thomson</i> 6 Contributor address: City: State: Zip Code <i>10805 Yorktown Trl Austin TX 78726</i>	7 Amount of contribution (\$) <i>\$50.00</i>
8 Principal occupation / Job title (See Instructions) <i>Program Specialist</i>		9 Employer (See Instructions)
Date <i>2.1.2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Annette Sponseller</i> Contributor address: City: State: Zip Code <i>402 Hernandez Loop Leander TX 78641</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>Applications Admin</i>		Employer (See Instructions)
Date <i>2.8.2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Margaret Donnowitz</i> Contributor address: City: State: Zip Code <i>13650 N. Frontage Rd Yuma, AZ 85367</i>	Amount of contribution (\$) <i>25.00</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>2.21.22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lyndsay Hanes</i> Contributor address: City: State: Zip Code <i>917 Lily Pad Ln. Leander TX 78641</i>	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions) <i>Business owner</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Annette Sponseller</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2.21.22</i>	5 Full name of contributor <i>Tami Kaauamo</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <i>30.00</i>
6 Contributor address: City: State: Zip Code <i>10109 Lake Creek Parkway Austin, TX 78729</i>		
8 Principal occupation / Job title (See Instructions) <i>Business owner in Leander</i>		9 Employer (See Instructions)
Date <i>2.23.22</i>	Full name of contributor <i>Cameron Dejong</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>20.00</i>
Contributor address: City: State: Zip Code <i>2432 Deering Creek Ct. Leander TX 78641</i>		
Principal occupation / Job title (See Instructions) <i>marketing</i>		Employer (See Instructions)
Date <i>2.28.22</i>	Full name of contributor <i>Frank and Aorena Throver</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>100.00</i>
Contributor address: City: State: Zip Code <i>409 Hernandez Loop Leander, TX 78641</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>11.14.22</i>	Full name of contributor <i>Kevin Sponseller</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>500.00</i>
Contributor address: City: State: Zip Code <i>402 Hernandez Loop Leander TX 78641</i>		
Principal occupation / Job title (See Instructions) <i>Maintenance & Operations Tech II</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Annette Sponseller</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3,28.22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>John Pleuthner</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address: City: State: Zip Code <i>3508 Far West Blvd Austin, TX 78731</i>		
8 Principal occupation / Job title (See Instructions) <i>attorney</i>		9 Employer (See Instructions)
Date <i>3,28.22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sally Guena</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address: City: State: Zip Code <i>836 Eagles Way Leander TX 78641</i>		
Principal occupation / Job title (See Instructions) <i>licensed counselor</i>		Employer (See Instructions)
Date <i>3,31.22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Angel & Chad Maxwell</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address: City: State: Zip Code <i>24504 Fawn Dr. Leander TX 78641</i>		
Principal occupation / Job title (See Instructions) <i>owners of Smooth Village & Smooth Herdway</i>		Employer (See Instructions) <i>self-employed</i>
Date <i>4,1.22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Keith Bauman</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address: City: State: Zip Code <i>1702 Deepwoods Trl, Leander, TX 78641</i>		
Principal occupation / Job title (See Instructions) <i>owner of DBA Total Restoration Pros</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2.

2 FILER NAME

Annette Sponseller

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 0

5 Date

4.12.22

6 Full name of contributor

☐ out-of-state PAC ID#

Angel & Chad Maxwell

7 Contributor address

City

State

Zip Code

24504 Fawn Dr. Leander TX 78641

8 Amount of Contribution \$

\$40.00

9 In-kind contribution description

booth space

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

owner of Smooth Village & Smooth Hair & Wax

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

4.19.22

Full name of contributor

☐ out-of-state PAC ID#

Angel & Chad Maxwell

Contributor address

City

State

Zip Code

24504 Fawn Dr., Leander, TX 78641

Amount of Contribution \$

\$40.00

In-kind contribution description

booth space

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

owner of Smooth Village & Smooth Hair & Wax

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2.	
2 FILER NAME <i>Annette Sponseller</i>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ <i>Ø</i>	
5 Date <i>4.26.22</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>Angel & Chad Maxwell</i>			8 Amount of Contribution \$ <i>\$40.00</i>	9 In-kind contribution description <i>booth space</i>
7 Contributor address, City, State, Zip Code <i>24504 Fawn Dr. Leander, TX 78641</i>				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>owner of Smooth Village & Smooth Hair & Wax</i>			11 Employer (FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#			Amount of Contribution \$	In-kind contribution description
	Contributor address, City, State, Zip Code				
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.					
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			Employer (FOR NON-JUDICIAL) (See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1.	2 FILER NAME <i>Annette Sponseller</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4.6.22</i>	5 Payee name <i>Paypal</i>		
6 Amount (\$) <i>15.24</i>	7 Payee address: City: State: Zip Code <i>2211 N. First St. San Jose CA 95131</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>fee</i>		(b) Description <i>fee</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date Payee name			
Amount (\$) Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date Payee name			
Amount (\$) Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date Payee name			
Amount (\$) Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME <i>Annette Sponseller</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2.1.22</i>		5 Payee name <i>Vista Print</i>			
6 Amount (\$) <i>64.94</i>		7 Payee address: <i>275 Wyman Street, Waltham, MA</i>		City: <i>MA</i>	State: <i>02451</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising</i>		(b) Description <i>cards</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>2.1.22</i>		Payee name <i>Vistago Print</i>			
Amount (\$) <i>1165.77</i>		Payee address: <i>6706 Lohman Ford Rd.</i>		City: <i>Lago Vista TX</i>	State: <i>78645</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>		Description <i>signs</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>4.6.21</i>		Payee name <i>Facebook</i>			
Amount (\$) <i>10.00</i>		Payee address: <i>1 Hacker Way, Menlo Park, CA</i>		City: <i>CA</i>	State: <i>94025</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>		Description <i>online ads</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Travel Out Of District
Credit Card Payment			Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G	2 FILER NAME <i>Amette Sponseller</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2.19.22</i>	5 Payee name <i>Tractor Supply</i>	
6 Amount (\$) <i>40.04</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, City, State, Zip Code <i>2000 W. Bell Blvd., Cedar Park, TX 78613</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising</i>	(b) Description <i>7-Posts</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <i>3.7.22</i>	Payee name <i>Vista Print</i>	Payee address, City, State, Zip Code <i>295 Wyman Street, Waltham MA 02451</i>
Amount (\$) <i>243.11</i> <input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>	Description <i>doorhangers</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date	Payee name	Payee address, City, State, Zip Code
Amount (\$)		
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Annette Sponseller</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1.29.22</i>	5 Payee name <i>GoDaddy</i>	
6 Amount (\$) <i>\$220.91</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, City, State, Zip Code <i>2155 E GoDaddy Way Tempe AZ 85284</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>website</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <i>1.31.22</i>	Payee name <i>City of Leander</i>	
Amount (\$) <i>\$50.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code <i>105 N. Brushy St. Leander TX 78641</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>filing fee</i>	Description <i>filing fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <i>2.13.22</i>	Payee name <i>Home Depot</i>	
Amount (\$) <i>28.05</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code <i>2700 E. Whitestone Blvd, Cedar Park TX 78613</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>zip ties + nails</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED